

I agree to join the lawsuit filed by T.S. and G.A. (“Named Plaintiffs”), on behalf of themselves and all other residents with the same or similar claims, alleging they are entitled to recover unpaid wages, liquidated damages, attorney’s fees, and costs from the Burke Foundation pursuant to the Fair Labor Standards Act (“FLSA”).

I agree to allow Named Plaintiffs to make decisions on my behalf on the FLSA claims in this case, including decisions about entering into settlement agreements, decisions about entering into agreements with Plaintiffs’ counsel concerning attorney’s fees and costs, and all other decisions that Named Plaintiffs need to make in this litigation.

I understand that Named Plaintiffs have entered into a Representation Agreement (“the Agreement”) with the Equal Justice Center and Disability Right Texas (“the Law Firms”), and I agree to be bound by it. I understand that I can request a copy of the Agreement from the Law Firms.

I understand and agree that the Law Firms or Named Plaintiffs may in the future appoint other individuals to be Named Plaintiffs. I also understand and agree that this consent may be used in the current case or in any subsequent case that may be filed on my behalf for the same issues.

By choosing to file this consent, I understand that, with respect to the FLSA claims at issue in this lawsuit, I will be bound by the judgment of the Court and any settlement that may be negotiated on behalf of all Plaintiffs, including myself.

R.F.

SignNow e-signature ID: 25fa0bc873...
08/26/2021 02:22:36 UTC

Signature of Individual or Individual’s Legally Authorized Representative

R.F.

08/25/2021

Printed Name

Date

If executed by a legally authorized representative, please specify your relationship to the minor:

☐ Parent ☐ Guardian ☐ Other: _____